

Outreach Application

Greater Tampa Swim Association 2311 S. Lois Ave 813-254-5012 or 813-493-1374 (cell) todd@swimgtsa.com



Instructions: An athlete who meets criteria and wishes to join the swim team and be considered for Outreach benefits must complete this application. Documentation verifying eligibility must be submitted with the application. Team tryouts may be required. Please return the application with supporting documents to your swim club. PLEASE PRINT LEGIBALLY and IN INK

**Athletes wishing to be considered for Outreach benefits must meet one of the following eligibility requirements. Verification must be attached.		
Parent Signature and Date		Parent Signature and Date
programs, events and swim meet	mpa Swim Association (GTSA s. This success is due, in lar	and articipation requirements A) prides itself in striving for excellence and takes pride in offering quality ge part, to parent support and involvement. Therefore, I understand that I will , events and meets. I understand that such involvement contributes to my
366	•	an Participation Requirements
Property Manager, Employees an participation in activities of the G I acknowledge that I shall be sole responsible for some fees associa and Conditions listed on this form medical emergency and understa	d Agents from all claims of a TSA Team, which I understa ly responsible for their transated with their involvement. In I grant permission for the and that I will be responsible	ns, including GTSA, GTSA Diversity programs, its Directors, Officers, Coaches, any kind, which may arise or hereafter accrue in connection with my child's nd, may involve activities other than participation in swim meets and practices. Exportation to participate in all activities. I also understand that I may be I further signify that I have read and agree to abide by and accept the Terms GTSA and its affiliates to act in the best interest of my child in the case of a for any medical costs which may arise. *I attest that the information I I agree to abide by the program's Code of Conduct and Ethics.
which renders him/her unable to	participate in vigorous phys	d is in good health and has no physical or mental condition, ailment or disability ical activity. In consideration of benefits derived from their participation in the leall risks and hazards incidental to such participation, and do hereby
		t Be Signed by the Parent/Guardian
*Note: Eligibility status may be reassessed on an incremental basis, to be determined by your club		
purposes only. Useful in tracking program needs,	○ Other (please list): Check one: □ Male	□ Female
Child's Demographics: (Optional. For statistical	○ Hispanic ○ Afric	an-American 🔾 Caucasian 🔾 Asian 🔾 Native American
Swimming Experience: (check those that apply)	Beginner 🔲 Som	e Experience 🔲 Advanced (Can swim all four strokes) ely *Where & With Whom:
Emergency Contact Info.	Name: Relationship to Swir	Phone(s): nmer:
Phone:	Home:	Cell(s):
Email Address:		
City, State & Zip Code:		
Address (Mailing, if different from physical):		
Address (Physical):		
Full Name(s):	2.	
(month, date & year) Parent(s)/Guardian(s)	1.	
Date of Birth:		
Child's Full Name:	SE PRINT LEGIDALLY and IN	INK.
documents to your swim club. PLEA		INK.

Participant in the free school lunch program;
Family receives county and/or state assistance (those receiving food stamps or other government assistance will usually meet state poverty guide lines)
GTSA is an affiliate of Florida Swimming and USA Swimming and is a proud partner in the effort to encourage, offer and support the development of swim programs and water safety initiatives that foster diverse growth and inclusion of youth and families, from all ethnic and socioeconomic spectrums.